

Zeit (Fr. Robt.)

Compliments of the writer.

Recent Progress in Diseases of the Brain and Nervous System.

BY

F. ROBERT ZEIT, M. D.,
OF MEDFORD, WIS.

Reprint from the Transactions of the State Medical Society, 1892.



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RECENT PROGRESS IN DISEASES OF THE BRAIN AND NERVOUS SYSTEM.

BY F. ROBERT ZEIT, M. D., OF MEDFORD,
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In this paper I have confined myself to a few phases, only, of my subject, such as have elicited a more general interest during the past few years, recognizing the impossibility of doing justice to the subject if taken as broadly as the title would indicate.

The neurotic tendency of mankind has, perhaps, at no time been so pronounced and fully developed as at present. The modern achievements of civilization, the arts, sciences, and industries, developed by the age of steam, followed closely by the age of electricity, their different applications towards rapid locomotion and transmission of thought, so that the North and South poles fairly kiss each other, all have their sway in increasing the tension of nervous tissue to its utmost; other factors are the outgrowth of a life of competition with its haste after the almighty dollar, the attendant mental exertion and exhaustion, relieved artificially, but temporarily, by sedatives, hypnotics, and narcotics; excesses in *venere et baccho*, and idleness; social and moral problems and influences.

The fatalistic pessimism, preached by a modern school of literature, calling itself *realistic*, has disclosed to the general public eye the darkest side of human life, an aspect of human weakness, misery, and depravity which can be tolerated only and gazed at, when lit up by the purifying rays of medical science. It is not, as those authors would have us believe, the normal man they have portrayed; it is the degenerate by

heredity, or through the violation of the laws of health. On the other hand, the belief in the *fatalism of heredity*, as carried into the extreme by the dramaturgist Ibsen and others, is becoming far too general. Education, healthy surroundings, mental and moral training, with one word, proper measures to prevent exciting causes, in a few generations will certainly remove the inherited predisposition to most psychoses and neuroses.

But not enough;—during the past years a poison of special affinity for nervous tissue, influenza, has been ingrafted upon this highly strung nervous system to furnish another exciting cause for neuroses and psychoses. The poisonous and infectious matter of influenza is thought to affect the *vis medicatrix* of nerve centres primarily; disease of lungs, heart, and digestive tract being only caused by derangement of the nervous supply of these organs.

The neurologist has repeatedly pointed out that the general practitioner must be the one to recognize the premonitory symptoms of psychoses and neuroses arising from all the causes named, if prevention, or cure, is to be expected.

LOCALIZATION OF CEREBRAL CENTRES.

During the past two years no new discoveries in regard to localization have been made, but current theories have been confirmed by the work of the pathologist and clinician.

Primarily, the brain has been looked upon as a gland, attracting the mucus from the whole body and discharging it through the nose, until Galen taught that the soul was a substance distilled from the blood by the brain, and endowed with three functions, locating these in the three cavities of the skull. This remained the current theory until Flourens proved the intimate relation existing between brain-function and manifestation of soul, by his classic experiments. He described how the psychic functions slowly decreased as he removed layer after layer from the brain, “cutting down the soul by slices” as it were.

Ferrier and Munk maintain that certain circumscribed centres may be located on the cerebral cortex, in which the act of conscious sense impressions takes place, and which represent the "storehouse of memories of the sense impressions." Golz claims that no localized centres exist, that the brain can only act as a whole; that the function of any part, when destroyed, will be performed by other portions of the brain. Luciani and Exner, finally, advocate an *aurea mediocritas* by their view that the cortical centres overlap each other to some extent and that they have no sharply defined boundary lines.

CEREBRAL SURGERY.

It seems only natural that the successful localization of lesions by the neurologist, the experimental physiologist, and the joint observations of the clinician and pathologist have revolutionized the surgery of the central nervous system. By applying "modern principles of surgery," the greatest danger of former operations has been abolished.

During the last two or three years trephining has been successfully applied to many cases of cranial hemorrhages, extra as well as intra-dural, traumatic and non-traumatic, whenever pressure symptoms appeared. The white matter has been cut into to a considerable extent without pronounced harm. Brain tumors, invariably fatal if not removed, have been successfully excised when they allowed of accurate localization, and, if not found, the trephine hole has given marked relief. Portions of the dura have been removed as large as two and one-half by three and one-half inches, without bad effects on cerebration. Early trephining has been frequently successful in cases of brain abscess, formerly fatal; in cases where pus was not found on opening the dura, the aspirating needle has been thrust into the brain in all directions until pus was found. Traumatic epilepsy has been palliated by trephining, and temporary relief was afforded in Jacksonian epilepsy. Cases of intense cephalalgia of long standing, in-

curable by drugs, have nearly all perfectly recovered when trephined. Cases of acquired microcephalus, due to premature closure of the skull, were markedly improved by linear craniotomy and trephining. Some cases of general paresis, even, have been temporarily benefited by trephining, and who knows but what future work in this direction may not be crowned by the revelation that many cases of insanity can be cured by surgical measures?

A goodly number of operations upon the spine have been done lately for traumatism, neoplasms, and caries, relieving pressure upon the cord, curing inflammatory and suppurative processes by removal of dead bone and free drainage.

NEUROSES.

A vigorous contest has been going on during the past years to prove, and disprove, the claims of Stevens that errors of refraction are the cause of reflex neuroses, such as chorea and epilepsy. It is now more generally believed that, while peripheral irritation may produce reflex neuroses in exceptional cases, it would be going too far to subject all these cases to surgical measures for the relief of ocular strain, in believing *this* peripheral irritation to be the *only* cause. Otherwise the treatment of chorea and epilepsy remains the same, large doses of arsenic for the former and bromides for the latter. In cases of *status epilepticus*, hydrobromate of hyoscine or conine has been highly recommended.

A good deal has been said and written about the care of epileptics. The insane asylum is certainly an unfit place for them, and so are their homes. An outburst may occur at any time, leading even to crime. A benevolent provision is sadly needed to furnish a retreat for these unfortunates. Germany has shown us the way to care for our epileptics. At Bielefeld a colony of more than one thousand epileptics has been established, with a large number of cottages, making quite a village, where the different trades and industries are carried on by the members.

The dispute concerning traumatic neuroses still continues. Railway spine, or Erichsen's disease (Clevenger), has been called litigation disease by the railroad surgeon (Judd). The neurologist insists on the first term, which implies a distinct group of symptoms, not to be regarded as simulated, and which may develop slowly and insidiously some time after the accident, leading on to serious spinal disease. The railroad surgeon wants these cases classed as hysteria and neurasthenia, when no *immediate* symptoms arise pointing to inflammatory and other morbid changes in the cord. According to him, all symptoms arising later than about four days after receipt of injury are simulated.

SUSPENSION IN SPINAL DISEASES.

The enthusiasm with which the profession took up the new and promising means of treating spinal diseases by stretching of the cord, has had its day, and has subsided rapidly during the past two years, as experience in its use demonstrated that the promising claims of its first advocates were not being realized. Horsley, and others, maintain that no manipulation during life is capable of stretching the cord, while others are just as firm in their belief to the contrary. The theory has been advanced that suspension causes a relaxation, breaking down of adhesions, and that impediments to the circulation were removed thereby. Even if it does not cure, many nervous diseases have been benefited by it, such as tabes dorsalis, amyotrophic lateral sclerosis, and progressive muscular atrophy. About sixty per cent. of the ataxic cases reported were, more or less, benefited by suspension.

Lately, Bonuzzi and Benedict proposed to apply forced extension to the spinal cord, by seizing the feet of the patient with a towel and carrying them forwards so that the knees touch the patient's head. They claim that, with due care, an elongation of the cord may be thus obtained three times as great as that resulting from the use of any special

apparatus, and that the results are consequently more beneficial.

MENTAL DISEASES.

Although this subject does not properly belong to Neurology, it is one which is so intimately connected and related to it, that the two can hardly be separated at this day. The subject of psychiatry is usually neglected by the general practitioner, as well as the majority of our colleges. It is, therefore, only natural that he who might see many opportunities for prevention, by being somewhat familiar with its incipient manifestations, will allow these cases to go on until they populate our asylums as incurables. The alienist has repeatedly complained about this condition of affairs during the past years, and has recommended small wards for acute cases, which are to be accessible to students for clinical instruction. To the general practitioner, the subject of psychiatry is of the greatest importance and, frequently, of far reaching consequence, aside from its intimate connection with jurisprudence.

Of late years the question of private, or hospital treatment has been ventilated freely. It has been claimed that asylum physicians are given too many cases to treat; that they have no opportunity to do justice to curable cases, because asylums are overcrowded with incurables; that the practice of allowing mild, and curable, cases to mingle with severe, and incurable, types of insanity is detrimental to the former; that for many curable cases of insanity (such as subacute mania, melancholia without great agitation, precordial fear, or stupor, many cases of primary dementia, puerperal insanity, epileptic, hysterical, and periodical insanity, and the insanities of childhood), home treatment is very much to be preferred.

Physical restraint, not only as a former punishment for bad conduct, but also in its application for purposes of treatment, prevention of injury, etc., is only being used in its mildest forms.

The different classifications of insanity, the pathological-anatomical, the psychological-symptomatic, and those based on the etiology and course of the disease, are giving way to a modern clinical classification, which endeavors to collect such types into a class, which have a similarity of pathogenesis, symptoms, and course, and the same pathological basis, perhaps.

In regard to the psychoses following influenza, experience has demonstrated that, in the majority of these cases, a favorable prognosis may be given, the treatment consisting in sedative and tonic measures.

ALCOHOL INEBRIETY.

No subject, perhaps, has of late received more general attention from the profession, as well as the laity, as that of inebriety. It has become a specialty of men who have devoted their lifetime to the study of this branch of neurology.

As our forefathers in the medical profession made it their philanthropic duty to rescue the insane from the clutches of an ignorant and superstitious public, who supposed these unfortunates possessed of the devil, it appears to be plainly *our* duty to protect and rescue the confirmed inebriate, unquestionably insane, from the destroying and degrading influence of commitment by the courts.

Neither the law, the church, nor other moral pledge to abstain, can cure inebriety. An appeal to the will power of the individual affected with this disease is on a par with the pledge of an insane patient not to commit a crime. The appeal is made to a power which is no longer present. It is distinctively the pathognomonic symptom of the *disease* inebriety, that the will power is lost and that an *irresistible impulse* to drink has supplanted it. While inebriety is a disease with granular degeneration of nerve cells, miliary aneurisms, exudations and indurations of the cerebrum, drunkenness may be a habit. Crothers says that, in 1890, over half

a million persons were arrested in this country for being drunk and disorderly, and that "the first legal punishment of inebriates is followed by a species of fatality, seen in a repetition of the same offence ever after. The courts call these cases repeaters."

The crime of the confirmed inebriate is *motiveless*, like that of the "criminal insane," and no premeditation, preparation or reflection is used in committing it. He may commit any crime, from the stealing of Bibles to the most heinous murder. His acts and reasoning are not under control, and the courts should hold him irresponsible, instead of considering his inebriety as an aggravating circumstance.

To cure this disease, then, the nerve cells must be brought back to their normal condition, and that this can not be done by the lightning method of the "hypnotiseur of Dwight" has, by this time, been fully demonstrated. There are many retreats in our country where inebriety is treated, and cured, by rational and scientific methods. Thirty-five to thirty-eight per cent. of 5,000 cases, treated eight to twelve years before their discharge, were temperate and well. Keeley may, therefore, keep secret his so-called secret. We do not need, nor wish to know such "secrets" as he speaks of, from "on high." There are physicians enough yet who know their duty toward mankind.

OPIUM INEBRIETY.

Opium inebriety also is looked upon as a disease. Of the opium imported into the United States only 50 per cent. is used in medicine and pharmacy, according to Crothers, and he estimates the number of persons affected with this neurosis in this country, as over a hundred thousand. A degeneration of the brain is thought to be the cause of narcomania.

A strong plea has been made during the past year to use codeine for pain and insomnia, and narceine as a simple soporific, in places where morphine would be indicated. These drugs establish no craving.

Of the three methods in use for treatment of this neurosis, immediate withdrawal is generally stamped as inhuman and dangerous; rapid reduction is used to some extent; gradual withdrawal of the drug is the method which is most favorably spoken of. These cases can only be properly treated in a special institution.

It is a matter of the greatest consequence that the great number of patent medicine cures for opium inebriety, which nearly all contain opium in some form or other, should be wiped out of existence by legislative enactment.

Stephen Lett, in speaking of opium inebriety, says: "The unfortunate opium habitué needs help. He needs care. He needs kindness. He has suffered long years of torture and deprivation; been tossed hither and thither like a rudderless vessel, upon the turbulent waves of a cold and austere world; looked upon as a vicious outcast, whose every action is treated with suspicion, his statements doubted, his case mismanaged. Let your full sympathy and aid go out toward him; you will then brighten a dark spot in the deepest of despair."

SEXUAL PERVERSION AND ALLIED STATES.

This subject is one which merits a more general attention and study by the profession. There is no village or hamlet without such cases, and every now and then the community is startled by some loathsome deed or crime, committed by a victim of these neuroses or psychoses. While no one will for a moment fail to see the far-reaching influence which the sexual life has over the thought and action of the individual and social life, its psychopathology should also receive due consideration, notwithstanding its being one of the darkest sides of human life.

Krafft-Ebing divides sexual neuroses into:

A. Mentally sound cases of peripheral and spinal origin (neuropathological).

B. Mentally unsound cases (psychopathological).

In the latter (B) class he distinguishes between :

1. Paradoxia sexualis, the sexual appetite of childhood and senility.
2. Anesthesia sexualis, sexual appetite congenitally lacking or its abolition acquired.
3. Hyperesthesia sexualis, augmentation of sexual appetite.
4. Paresthesia sexualis, perversion of sexual appetite.

Sexual perversion (paresthesia sexualis) is subdivided by him into:

- (a) *Sexual affinity to persons of other sex with perverse manifestations*, such as flagellation, fetichism, flaying of animals, mangling of women, cutting and stabbing of girls, necrophilia, and murder for mere gratification of lust.
- (b) *Diminished or abolished affinity for other sex and affinity for their own sex* (contrary — or homosexual affinity), either acquired or congenital, with which are classed cases of psychic hermaphroditism, urnings, androgynus and androgyna.

As the neurotic tendency of the times, and the propagation of neuropathic constitutions from generation to generation is increasing, so are these sexual delicts increasing in number. Irritation of the sexual centres leads on to passion and excesses, these to perversion. The Whitechapel murders, the Mitchell-Ward tragedy, and other similar cases, are still fresh in our memory. The psychopathological nature of most of these is beyond question. The female urning is as frequent as the male, and is generally not an inherited vice, but acquired by masturbation. Parent-Duchatelet and Taxil already reported cases of amor lesbicus, and bloody revenge through jealousy.

Incest, rape, bestiality, pederasty, amor lesbicus, frequently are of psychopathological nature, but not always. Necrophilia, and murder for mere gratification of lust, are always considered as psychopathological.

PRESENT ASPECT OF HYPNOTISM.

No greater contradiction can be offered to one who recognizes "*de nihilo nihil*" as the basis of all philosophic truth and reasoning, than that the less of a remedy is given, by infinitesimal division, or dilution, the more powerful must be its effect in disease, and yet we see a number of cases, treated according to such principles, recover. He who knows inebriety to be a disease with structural changes of nerve-cells, can hardly be made to believe that these cases, treated only for a few weeks, have been cured by some wonderful secret medicine, although they may have lost their irresistible craving for the time being. He who has seen some incurable case go the rounds of reputable physicians, unrelieved, cannot believe that the traveling mountebank, the clairvoyant, the animal magnetizer, has effected a cure, albeit he observes, sometimes, an indubitable temporary improvement. What force is it, then, that performs these wonders? Can it be anything else than mind cure, pure and simple, by suggestive hypnotism? A saying, as old as Galen, gives credit to confidence in the physician for half the cure in functional diseases. In this, the most skeptical concerning hypnotism insist fully as much as its most enthusiastic advocates.

When Krafft-Ebing, Forel, Jendrassik, Focachon, Beaunis, and Delbœuf tell us that they have raised blisters by hypnotic suggestion, not to speak of the marvelous reports of Liebault and Bernheim, who vouch for the removal of nearly all the ills of mankind by this means alone — a veritable fairy story — we can no longer question the efficacy of hypnotism. What then is our duty but to study its effects, immediate and consequent, which would lead to a clear understanding of the conditions permitting its use.

"Learn magic, but (!) do not use it" is old advice, and likewise we are asked to do with hypnotism. Those practising hypnotism tell us that sleep and the hypnotic state are identical; that nothing is observable to differentiate the induced

from the natural sleep; that any remedy may prove dangerous when injudiciously used, but that many cures result by its application, no remedy giving as great promise for diseases of the nervous system; and that the danger incurred is far outweighed by the advantages gained. The opponents of hypnotism (Kerr and others) see, as its results, only a disordered cerebral state and abnormal psychic conditions; denying its therapeutic value, it being a pathological modification of the nervous system, indicating a neuropathic condition of the subject; that it is frequently dangerous and rarely useful; that it can cure no disease which is not more easily curable by less dangerous methods; that only a limited number of patients are susceptible to it, Charcot claiming only one in a hundred thousand; that it produces bad after-effects, such as disturbance of mental equilibrium, dissipation of energy, and nervous exhaustion; that if, by it, one disease has been cured, it was by substituting another; that it lowers mental activity, causes moral perversion, mental unsoundness, and morbid nervous susceptibility; finally, it has been denominated artificial madness and experimental imbecility.

A committee of the British Medical Association, appointed to inquire into hypnotism, drew the following conclusions last year: "1. Hypnosis is a subjective phenomenon, not in itself a disease. 2. Neurotic disposition predisposes to hypnosis, but the strongest minds have been enthralled. 3. Three states are recognized—lethargy, somnambulism, and catalepsy. 4. It has been serviceable in medicine and surgery as a therapeutic agent, and in some cases as a safe anesthetic."

A general protest has been made by the medical profession of the entire world, almost, during the last few years, against public exhibitions of hypnotism by wandering mountebanks, these being dangerous and destructive. France, Belgium and Russia, and many of our larger cities, have prohibited these hypnotic shows, restricting the use of hypnotism to the medical profession.

I will not pass from this subject without expressing my strong conviction that there is perhaps no more fitting application of hypnotic suggestion than in cases of sexual perversion—referred to above. These cases cannot be harmed very much by suggestive hypnotism, and are certainly benefited a great deal.

